

FILED FEB 3 1947

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 752

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4060a Easton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gwendolyn Bonds

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 (Month) 25 (Day) 46 (Year)

8. AGE: Years _____ Months 10 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

12. Name Thomas Bonds

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Alma Halley

15. Birthplace Memphis, Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mary T. Duval

(b) Address 2601 Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 23 1947 (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger

19. (a) JAN 23 1947 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4 year 1947 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from 9:15 A.M. 12 - 25, 1946, to 10:40 P.M. 1 - 4, 1947, that I last saw her alive on 1 - 4, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury II

23. Signature W. H. Linker (M. D. or D. O. M. D.)

Address 2601 N. Whittier Date signed 1-21-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.